



AF/2700

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/448,756
		Filing Date	November 24, 1999
		First Named Inventor	Jun KOYAMA et al.
		Group Art Unit	2675
		Examiner Name	Paul Bell
Total Number of Pages in This Submission		Attorney Docket Number	740756-2070

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input checked="" type="checkbox"/> Other Enclosure(s): <u>PTO-1449 w/ (1) copy of reference cited.</u>
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (740756-2070) for the above identified docket number.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey L. Costellia, Reg. No. 35,483 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	May 29, 2003

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Signature:	
Name:	April Campbell



FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	09/448,756
Filing Date	November 11, 1999
First Named Inventor	Jun KOYAMA et al.
Examiner Name	Paul Bell
Art Unit	2675
Attorney Docket No.	740756-2070

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
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<input type="checkbox"/> Money Order	<input type="checkbox"/> Other				
<input type="checkbox"/> None					
<input checked="" type="checkbox"/> Deposit Account:					
Deposit Account Number					
19-2380 (740756-2070)					
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FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/>					
Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/>					
Multiple Dependent <input type="text"/> X <input type="text"/> = <input type="text"/>					
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0
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Signature: <u>April Campbell</u>					
Name: April Campbell					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jeffrey L. Costello	Registration No.	35,483
Signature	<u>[Signature]</u>	Telephone	(703) 770-9300
		Date	May 29, 2003

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